SUBSTANCE USE DISORDER
ALLY TRAINING HUB
Virginia Department of Social Services

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Peers and People with Lived Experience

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People helping people

Why are we here?

- Maltreated children of substance using parents often
  - remain in state custody longer and
  - experience poor outcomes than other children.

Trauma-Informed Practice

- Keeping families together and children safe with a parent who uses substances
- Provide adequate supports and timely access to appropriate services

Holistic and Compassionate Support

- In Fairfax, partner and provide supports to families facing complex issues in a more holistic and compassionate manner
- Train child welfare practitioners in how to best intervene and partner with families

Parent Support Specialist

- Embedded in Family Engagement Unit to collaborate early
- Hope to engage family with substance use as early as possible
- Effective way to work with families and support child welfare practitioners

Many Models Exist

- Parent Support Specialists based in DSS is a growing practice in Virginia

Kentucky's Sobriety Treatment and Recovery Teams Program (START)

- Evidenced based program as a model
- Didn't have significant resources to start program
- Able to incorporate key tenets

Team Collaboration

- CPS social workers, peer recovery specialists, substance use treatment providers, human services agencies
- Connect people with treatment services in less than 30 days from first contact with family

Speed is key

- Crises can be a catalyst for change
- Key START strategies
  - Peer support
  - Quick access to treatment services
  - Shared Goals and decisions regarding addiction treatment
  - Specialized training
  - Smaller Caseloads
  - Serving Mothers and Father

Operationalizing Peer Support Specialists (PSS)

- Housed in Family Engagement program
- Under Parent Support Services Umbrella

PSS Characteristics

- Someone with lived experience
- Provides support and helps clients in a different way, on a different level
- 100% voluntary
- Intentionally seen as not another arm of CPS
- Do not conduct joint home visits during assessment/investigation
- Parents have right to “hire” or “fire” PSS
- Receiving this service cannot be used as a condition for reunification or prevention of separation

Eligibility

- A referral is made to PSS within 10 days of contact with family
- CPS offers PSS services
- Parents grant permission if they are interested

Privacy

- PSS and child welfare specialists coordinate
- However, details of interaction and conversation with the parents are not shared
- Only general information about the parents' level of engagement in the program are shared (e.g., the stages of change the parents are in).
- Intended to support the parent or caregiver in their own recovery process.
- Parent has someone they can relate to and connect with that is separate from the CW intervention

Other Provided Services by PSS

- Self-Management and Recovery Training (SMART) Meetings which are facilitated by our PSS
- Consultation and Training of CYF staff
- Pathway to Healing Support Groups
- Rapid connection to a recovery network as quickly as possible
- Collaboration throughout our CW continuum.

Barriers to Implement Parent Support Model

- Historically, communities of color have not been served effectively and have even been harmed. There can be mistrust.
- Need for education of whole team about peer support, benefits, and how to generally support families that are dealing with substance use
- Continue to diversity staff and bring on more people with lived experience

Keys for Successful Implementation

- Buy-in throughout the organization
- Involving key stakeholders in child welfare programs with discussions and decision-making
- Collabore with CSB Peer Support and Assessment Teams
- Work with Quality Assurance team to develop measures and data collection

Potential Short-Term Outcome Measurements

- Timely Access to treatment and/or other substance use related services.
- Improved Engagement and Retention in substance use treatment
- Increased child welfare staff knowledge, and improved skills and abilities (measured by # of completed SU trainings, and staff surveys)

Potential Interim Outcome Measurements

- Enhance Protective Factors
- Family functioning/resiliency, Social emotional support, Concrete support, Nurturing and attachment, Children social emotional competence.

Potential Long-Term Outcome Measurements

- Successful reunification with biological parents after informal separation (if applicable)
- Reduced days for children in foster care/kinship care diversion (if applicable)
- Reduction in recurrence of maltreatment
- Sobriety at case closure (measured via drug screen results)

Success Stories

- Instrumental in helping parents move quickly from the precontemplation stage to eventually taking action around their substance use
- Successful because engagement occurred very early in the life of those cases, and because services were provided without judgement.

Charge to Child Welfare Colleagues

- Adopt some form of peer recovery in their programming
- We can and should pivot to do our work differently
- Let us change the way we engage with our clients, or colleagues and our larger system.

Outline

- **Define Peers**
  - History of peers
  - Efficacy of peers
    - Cultural humility
    - Cost
- **Peer Recovery for SUD**
  - Peers in clinical and policy spaces
  - Parenting and peers
  - Current barriers to peer utilization
  - Ways to apply peers
  - Resources

Peer Support

SAMHSA defines a Peer Recovery Specialist (PRS) as:

"A person who uses their lived experience of recovery from mental illness and/or substance use disorder, plus skills learned in formal training to deliver services in behavioral health settings to promote mind–body recovery and resilience."

Natural Peer Support

Peer support may be offered organically as it develops between two people who share a common experience.

They may be referred to as Peer Specialists, Recovery Coaches, or Peer Counselors.

Peer Recovery Specialists in VA

Peer Recovery Specialists (PRS) are those who have completed the 72-Hour Department of Behavioral Health and Developmental Services (DBHDS) Peer Recovery Specialist Training.

Following completion of 500 hours of service in the PRS role, individuals qualify as Certified Peer Recovery Specialists (CPRS).

History of Peers in Health Care

- Peer support dates back to 18th century France.
  - Former patients were hired because they were more empathetic.
- Peer support peaked again in the 1960s when lay counselors were successful in helping mentally ill patients in hospital settings.
- Professionals in community-based mental health were among the first to advocate for the integration of peers into primary care settings.
- Community mental health focuses on employing non-professional/natural peers to meet the specific needs of communities by helping to develop, implement, and evaluate policies and practices.

Mental Health Consumer Movement

- Mental health consumer movement in the 1970s empowered former mental health service users to organize and advocate for compassionate mental health policies and practices.
- The US began to deinstitutionalize.
- The first report of peer health care delivery was published in 1991.
- Peer support found new applications in:
  - chronic disease management (diabetes, mental health, heart disease, cancer, asthma, HIV/AIDS, substance use)
  - screening and prevention (cancer, HIV/AIDS, infectious diseases)
  - maternal and child health (breastfeeding, nutrition, postpartum depression).

People seek out those with shared experiences

- Roughly one in five internet users has gone online to connect to others with similar health concerns.
- 59% of adults reach out to friends, family, and fellow patients when they need emotional support related to a health issue, as opposed to a health professional.

Who is more helpful when you need...	Professional sources like doctors and nurses	Fellow patients, friends, and family	Both equally
Times when professionals matter most			
An accurate medical diagnosis	91%	5%	2%
Information about prescription drugs	85	9	3
Information about alternative treatments	63	24	5
A recommendation for a doctor or specialist	62	27	6
A recommendation for a hospital or other medical facility	62	27	6
Times when non-professionals matter most			
Emotional support in dealing with a health issue	30	59	5
A quick remedy for an everyday health issue	41	51	4
Times when the two groups are equally helpful			
Practical advice for coping with day-to-day health situations	43	46	6

Source: Pew Research Center's Internet & American Life Project, August 9-September 13, 2010 Survey. N=3001 adults and the margin of error is +/- 3 percentage points for the full sample.

Unique Contributions of Peer Support

- Positive changes in self-efficacy and a belief in one's ability to be successful (positive role models)
- An understanding of how to navigate unique experiences and day-to-day challenges related to stigma, housing, and financial issues
- A unique empathy or "conditional regard" defined by a peer's ability to read the status of those who hold similar experiences

Efficacy of Peers

- “If individuals spend even an aggregate six hours per year with professionals and clinicians, that leaves 8,760 hours per year that they are alone.“
- Peers can fill these gaps of support.
- Research shows that social support has a direct impact on health metrics, patient self-efficacy, and addressing social determinants of health.

Efficacy of Peers

- The social isolation, often intrinsic to psychopathology, suggests that frequent, affirming, and positive contact from a peer or supporter can make the difference in treating mental health issues.

- Several studies indicate that peer-delivered services improve engagement of individuals who are difficult to reach, reduce rates of hospitalization, and decrease substance use among those with co-occurring substance use disorders.

Cultural Humility

- Cultural humility is the ability to remain open to aspects of cultural identity in others that may not be familiar to the individual.

- Cultural humility may be distinguished from cultural competence in that it focuses on an understanding that one's own knowledge of norms is limited and that it is impossible to boil down understanding of others' culture to a series of checkboxes.

Cultural Humility

- It is critical to recognize that differences in language, age, culture, socioeconomic status, political leaning, religious beliefs, sexual orientation, and life experience add additional dimensions to the dynamics of cross-cultural interactions. Given this understanding of the full spectrum of diversity, peer recovery specialists may bridge the gap.

- A 2010 study showed peer-based culturally responsive care for African/Black American and Latinx patients led to improvements in patient perceptions of care, increased self-efficacy/hope, and decreased psychotic symptoms.

Cost of Peer Support

- In a 2006 study, the Georgia Department of Behavioral Health & Developmental Disabilities compared service users who worked with Certified Peer Recovery Specialists (CPRS) and those who received normal services.
  - In comparing the costs of services, those using the CPRS cost the state on average **$997** per year verses the average cost of **$6,491** in day treatment.
  - That's an average **costs savings of $5,494 per person** for the state.

Peer Recovery in Addiction

- Peer support has been shown to be a key component of many addiction treatment and recovery programs:
  - Medication assisted treatment (MAT) programs
  - Therapeutic communities, like recovery housing
  - 12-step programs

- The community reinforcement approach has demonstrated the importance of social roles in maintaining recovery, which is the foundation of the peer relationship.

Peers in other health care spaces

- Peer support is gaining recognition in almost every sector of health and health care.
- Health researchers are continuing to build the evidence base for peer support for a variety of disease conditions, populations, and settings.
- Health care providers are seeing the benefits of peer support on their medical practices, particularly when it comes to patient satisfaction and patient outcomes.

Peers in other health care spaces

- Employers and health insurance companies are increasingly implementing peer support programs to improve workplace well-being, increase productivity, promote health maintenance in patients, and reduce costs.
- It is possible to embed peers in organizations like community service boards, federally qualified health centers, and managed care organizations.

Peers in policy spaces

- Policymakers see peer support as an effective strategy for community outreach, quality improvement, increasing access to primary care, and reducing health disparities.

- Examples:
  - Virginia's Medicaid Member Advisory Committee
  - VDSS Youth Advisory Board SPEAKOUT (Strong Positive Educated Advocates Keen On Understanding the Truth)
  - New York City's drug user advisory groups draws together people with lived experience to inform policy

Parenthood and Peers

- Pregnant and parenting people are a unique population disproportionately affected by SUD.
- Gender-specific SUD treatment options employing peers, who are also mothers in recovery, can be a critical component in supporting this population.
    - Illinois, for example, implemented a pilot program offering dual certification programs for doulas and certified peer recovery specialists.

Parenthood and Peers

- The Virginia Department of Behavioral Health and Developmental Services (DBHDS) is leading the way in certifying and training Peer Recovery Specialists.
  - There are opportunities to grow the specialization around prenatal and parenting people as a PRS.
- Other states like Oregon, Rhode Island, Massachusetts, and Illinois have developed additional training components as supplemental material to coincide within their PRS training manual by offering additional subpopulation certification competencies (e.g. veterans, family support, and forensic PRS).

Current Barriers to Peer Utilization

- Stigma surrounding substance use disorder limits the reach of peers
- Lack of education on the role of peers
- Pathways to obtaining certifications are new and difficult to navigate
- Barrier crimes restrict some peers from being hired

Myths about peers

- Myths about peers:
  - Can peers handle the stress of their role?
  - Do peers have the experience they need to be successful (e.g., working in office settings)?
  - Do peers have a recurrence of substance use?

Best practices for incorporating peers into organizations

- Involve administrative and other stakeholders early in the process
- Key stakeholders should develop a description of the role of peers in the organization
- Share evidence of the benefits of peers to generate buy-in
- Create roles and responsibilities for peers that utilize their unique skills and experience
  - Do not relegate peers into extant positions that do not apply their expertise
- Hire peers in groups to facilitate onboarding and sharing of best practices
- Provide peer-specific training:
  - Leveraging personal stories to serve others, setting boundaries, self-care, navigating institutions
- Support and champion the efforts of peers at an individual and systemic level
  - Hold organization-wide trainings to mitigate biases

Resources

- VOCAL - Virginia Peers Speaking up for Mental Health Recovery
- Recovery Blast email listserv
- Virginia Peer Recovery Specialist Network
- DBHDS - Project LINK
- DBHDS - Office of Recovery Services

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For more information

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Thank you for joining us!